6231

		Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) (For newborn infants give residence	
County	m	County
(If outside city or town limits, write RURAL and give nearest town)	···· Alleranda	County
How long in above place of death? 3 7000.	(If outside sity or town lin	mits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 516 Freed	om alled
		give LOCATION)
How long In hospital or Institution?	2.(a) If veferan, name war	
3. (a) FULL NAME Betty Jean Co	lline	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL	CERTIFICATION OF
Tunale Near Klingle	20, DATE DF DEATH Seeme 2	0, 1948 19 1/2:30
	21. I CERTIFY that death occurred on the date	
6.(b) Name of husband or wife	******	.19
7. Birth date of 6.(c) If alive, give age y	reare	19
deceaeed (mo., day, yr.)	Immediate causs of death	
8. AGE: Years Months Days If less than one day	Browelingman	A
3 28hrs.		
9. Birthplace I fame de Chace	Bue fa	
(Town, county, and state)		
1D. Usual occupation.	Due fo	
11. Industry or business		
# 12. Name Ophn Id. Collins	Other conditions	
12. Name 12.		
K Paulin Pale	(Include pregnancy within	
14. Maiden name	Major findings of operations	
15. Birthplace		Date of op
16, Informant	Antopsy results	which death should be charged statistically.
Address 516 Transfor alley, Have do Bes		
	22. VIOLENCE: If death was due to external	
17 Buil Date thereof 6/21/48	Recisent euleide or homicide	Date of
17. (Burial, cremation, or removal, W) (ch?) Date thereof. (month) (day) (year)		
17 Buil Date hereof 6/21/48		vn) (County) (State)
17(Burial, cremation, or removal, Which?) Date thereof(month) (day) (year)		
17. (Burial, cremation, or removal, Which?) Cemetery or crematory. (day) (year) Location	Where did injury occur?(City or tow	
17. (Burial, cremation, or removal, Witch?) Cemetery or crematory. (month) (day) (year)	Whare did Injury occur?(City or tow Injured at home, farm, industry, public place	(where?)
17. (Burial, cremation, or removal, Which?) Cemetery or crematory. (month) (day) (year) Location	Whare did Injury occur?(City or tow Injured at home, farm, industry, public place	(where?)

MARGIN RESERVED FOR BINDING



JUN 23 1948

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6232

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County. City or town. City or town. City or town. City or town. City outside city or town limits, write RORAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: City of the county of th	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME AlbERT COS/EHT	3. (b) Social Security Number
4. Sex MAIE Scotor or race 6.(a) Single, married, widowed, or divorced MAIE Single 6.(b) Name of husband or wife 6.(c) If alive, give age	MEDICAL CERTIFICATION 20. DATE OF DEATH
8. AGE: Years Months Days If less than one day 64 10 11 hrs. min. 9. Birthplace (Town, county, and state) 10. Usual occupation RETIRED RAIRORS MAN	Immediate cause of death DURATION Due to Due to Due to
11. Industry or business 12. Name	Diher conditions (Include pregnancy within 3 months of death) Major findings of operations
Address Charlestown, Md. Rural Removal & Buria Dale thereof. 6-10-48 (Burial, cremation, or removal. Which?) Cemetery or crematory. Lawn Croft Cemetery Location Philagelphia, Pa. 18. Funeral director and Address Box 157, Perryville, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
19. Aucl 10 19 48 9-7. Acuts (Date rec'd by registrar) Registrar	Address Perryville Date signed 9 Gryfare 4

JUN 12 1948

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 185-

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Volume	(For newborn infants give residence of mother)
(If outside city or wan limits, write RURAL and give nearest town)	State County
	City or town Usugan
How long in above place of death?	(If outside city or toyn limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
Augha Manace	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Delly M. Oromwell	o. (o) betail betailif it amount
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1. 0. 600 2000. 0	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ilman ouris Morris	20. DATE OF DEATH. 20 NE 19. Y S. at/ F
8, (b) Namo of husband or wife Welleaun & Coromwell	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(0) Name of huseand of with the same of	26 MAY 18 4 X, 10 X DAJE 18
7. Birth date of 7. Bir	and that I last saw h 2 R alive on T J A A S
deceased (mo., day, yr.) Oct. 79, 1880	Immediate cause of death
8. AGE: Years Months Days it less than one day	CARDIO- RESPIRATORY FAILURE
67 7 19hrsmin.	
Marila	PND INANITION
9. Birthplace	Ouo to GENERALIZED CEREBRAL
(Town, count) and state)	ARTERIO SCLEROSIS
10. Usual occupation.	Que to
1t. todustry or business	
E 12 Name William & dec	Other conditions.
00000	Uther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Un Paryuu 15. Birthplace	76 . 6 % . 6
15. Birthplace	Major fiodiogs of operations
111.00 - 1- (02 - 100 - 1)	ARTERIOSCIE 180515 Date of op.
16. Informant William E. C. Continue	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.
Address abusedon ma	
12. 18 1948	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, openoval Which2) Date thereof (month) (day) (year)	Accident, suicido, or homicide
Cemetery or crematory them Wesley	Where did injury occur?
Cemetery of crematory	
Location Units AUV	Injured at home, tarm, Industry, public place (where?)
Howard & Me ame you	Means of Injury tnjured at work?
10. runeral director.	DOM.
Address Wagnes Maganet	28. SIGNATURE DOS DOMEN (M)
March 11 48 At Lune m.	M. or other
(Date rec'd by registrar) Registrar	Address Aur Date signed 6' A ' Y &

UNFADING INK. Supply every item of information carefully. The correct age tant. Physicians: please write the causes of death clearly and legibly. FOR BINDING MARGIN RESERVED PLAINLY, WITH UNF is especially important.

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WRITE

PLEASE

JUN 14 1948 BUREAU V. S.

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH: Harford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Have Ne Stace	State Mary County County
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Sireet No.
801 Hofayette Shiet	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Dr. Sarvin	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Sewale white married	20. DATE OF DEATH 22. 19.45 at 11.30
6.(b) Name of husband or wife Marion a. Farom	21. I CERTIFY that death occurred on the date above stated, that Lattended deceased from
	years and that i last saw harden alive on 19.4.
7. Birth date of deceased (mo., day, yr.) 9-12-1883	Immediair cause of death DURATION
8. AGE: Years Months Days If less than one day	(arena Vlanceh
64 8 27hrs.	min. Bull Bladder Color
9. Birthplace Desiring Sure Cell Grenty, Maryan	Q Due to A
(Town, county, and atate)	Bunch Carametons
10. Usual occupation.	Due to
ff. Industry or business	
12. Name Samuel I Morrison	Other conditions sections
	(Include pregnancy within 3 months of death)
14. Malden name Elizabeth . Holden 15. Birthplace Harfald County	
S 15 Pidholose Harland Counter	Major fiedings of operations
1 10 m. 111t. 11	
16. Informant	Actors results
Address / Ising Sun Marylan	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Whier?) Date thereof (month) (day) (year)	
Cemetery of crematory B was Barrely	Whers did injury occur?
Location / Location Md-	Injured at home, farm, Industry, public place (where?)
18. Funeral director of E Type	Msans of Injury Injured at work?
Moress Pising Sun Md.	I dente Atilen In 5
Kung 22 W a. Y. Zunin ma	M. D. or other
(Date ree'd by registrer)	strar Address Source de Diarros Strat la 127.



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No.

1	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	min mad NADA
City or town lura after all mo.	State County County
(if outside city of town limits, write KOKAL and give nearest town)	City or town Kural aferdeen And.
low long in above place of death? 25-9 m.	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
low long in hospitat or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME // 'Y/ \T	3. (b) Social Security Number
Harrison Morlon	Drieninger 213-16-9812
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Married	
mue mue marce	20, DATE OF DEATH. June 19 4 8, 21 7:00
8. (b) Hame of husband or wile Beeth Elizabeth Greening	
	wards 27 148 10 June 14 19
T. Sirth date of	and that I last saw h us alive on June 14 19.
deceased (mo., day, yr.)	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURA
59 11 21 - hrs	
	hans will be a second
3. Birtholace Venne.	Due to Ductostares
(Town county and state)	
10. Usual occupation Carpenter	Due to.
11. Industry or business	
E 12. Mail Co.	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden nam Margaret Borrer	(include pregnancy within a months of death)
14. Maiden nam Margaret Barour 15. 81rthplace	Major findings of operations
≥ 15. 8irthplace	Date of op.
18 Interment Mrs - To Etha G Greeninger	Autopsy results.
alada Med BDO# 1	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address aterales Mb. 11 N. 4	22. VIOLENCE: tt death was due to external causes, till in the following;
17 Burial Date thereof June 17, 194	* X
(Burial, cremation, or removel. Which?)	Accident, suicide, or homicide
Cemetery or crematory cingel will close.	Where did injury occur?
Maria de Museo Wid.	Injured at home, farm, industry, public place (where?)
Location Control Control	
18. Funeral director To Maduson Muchell	Means of Injury Injured at work?
The I should discover distribute the state of the state o	
Marin d. Grace child	0.2
Address Stavre de Grace Md.	23. SIGNATURE SAFKausey 24.D.

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JUN 17 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltin

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	CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Harford City or town Rocks, Md. (If outside city or town limits, write RURAL and give nearest town) Street Ho. Old Salem Church Road (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME GEORGE H.	HOHMAN	3. (b) Social Security Number
4. Sex 5. Color or race male white	6.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH. June 20th, 19.48 21.3:30A.
male white married 8.(b) Name of husband or wife Marie C. 7. Sirth date of deceased (mo., day, yr.) Oct. 17th, 1886 8. AGE: Years Months Days If less than one day 61 8 3 hrs. min. 9. Birthplace Baltimore, Md. 10. Usual occupation Farmer 11. Industry or business 12. Name George A. Hohman 13. Sirthplace Baltimore, Md. 14. Malden name Margaret Pohlman 15. Birthplace Baltimore, Md. 16. Informant Mrs. George H. Hohman Address Old Salem Church Rd., Rocks, Md. 17. Burial Date thereof 6/23/18 (Burial, cremation, or removal. Which?) 18. Funeral director Baltimore, Md. 19. Fune		Immediate cause of death Portion EUroniu DURATION

PLEASE WRITE PLAINLY is especial NS

especially

(Date rec'd by registrar)

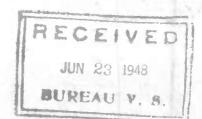
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6237

CERTIFICAT	E OF DEATH Reg. Diat. No. 185
1. PLACE OF DEATH: County Cily or town. Cily or town. Cil outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or streel address where death occurred: How long in hospital or institution? SOUN. POSE How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State Mulliple County County County City or town. (If outside city or townshipmits write RURAL and give nearest town) Street No. 40.3 (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME JACKSO	
4. Sex S. Color or race S.(a) Single, married, widowed, or divorced WIDOW€D	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 19 10 10 10 10 10 10 10 10 10
6.(b) Name of husband or wife AONE 7. Birth date of deceased (mo., day, yr.) Closef 1/31/190 2 8. AGE: Years Months Days Illess than one day hrs. min. 9. Birthplace. County, and state	21. I CERTIFY that death accurred on the date above stated; that I attended deceased from 19 10 11 12 12 12 12 12 12 12 12 12 12 12 12
11. Industry or business 12. Name	Biher conditions POSS IBLE DIBBETES AND CHRONIC NEPHRITIS (Include pregnancy within 3 months of death) Major findings of operations. Volve Date of op.
16. Informant MAD Address 564 Surger State	Astopsy results
18 Empara director Thurse Ebellock	Means of Injury Injured at work?

Date signed 19 Rune 4 &



CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Hazura Couply	(For newborn infants give residence of mother)
City or town Have to Tack Ma (If outside city or town limits, write RURAL and give nearest town)	State Milet of the County After found
How long in above place of death? To gas.	(If outside city or town limits, write, RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Essential St.
Yacht Basin	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
WALTER A K	ELL Ja,
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m n Single	20. DATE DF DEATH June 14 1948, 21 2 P M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife	t9to
T. Birth date of	and that I lest saw halive on
deceased (mo., day, yr.) Nec. 13, 1932	Immediate cause of death
8. AGE: Years Months Day's If less than one day	
15 6 29min.	Drowning - accidental
9. Birthplace Haure de Lince, mil	Due to
(Town, county, and state)	
10. Usual occupation Character Balf	Due to.
11. Industry or business	
12. Name Walter J. Kell, Iv.	Dther conditions
\$ 13. Birthplace Gerry man. Ind.	
14. Maiden name Liftlia B. Williams	(Include pregnancy within 8 months of death)
E	Major findings of operations
\$ 15. Birthplace Perryman, Mr.	Date of op
18. Informant Wal Cox J. Sell St.	Antopsy resolts
Address Wherden, md.	
17 Burial Date thereof June 12 48	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Oale thereof. (month) (day) (fear)	Accident, suicide, or homicide
Cometery or crematory Landaul Mine Control Control	Where did injury occur? (City or town) (Coenty) (State)
Location Livary Creek	injured at home, farm, industry, public place (where?) facilit Bacus
ED 1 2 12 00 0	Meens of Injury Dove wito seys Waternjured at work? Les.
18. Funeral director.	0.7
Address 35 6 Lewis St ofcare de Green Med	23. SIGNATURE ASTRAMAS M. D.
June 17 10 48 a. L. Lewis m. D	Signily willed theren
(Date rec'd by registrar) Registrar	Address Office della Ting Date signed Coffice of from

every item of information carefully. The MARGIN RESERVED FOR BINDING WITH UNFADING INK. Supply eve important. Physicians: please write PLEASE WRITE PLAINLY, is especially

S correct age

JUN 18 1948

	2411 N. Charlea St., Baltimore
/	CERTIFICATE OF DEATH
1. PLACE OF DEATH: Authorid County (If outside elty or town limits, write RURAL) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Hospitat, institution, or street address where death occurred: How long in hospital or institution?	Street No
3. (a) FULL NAME Margaret	Hilson Kirk 3. (b) Social Security Number
Female Hingle Hid	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 194 1.21.9.
6.(b) Name of husband or wife Be B.(c) If alive	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from the total state of the state of
01 1 11	and that I lest saw held alive on the same of death out the same out th
9. Birthplacen Story (Cown, county, and atate)	Min. Due to.
10. Usual occupation	Due to
12. Name of and E. It	Diher conditions. (Include pregnancy within 3 months of death)
14. Maiden name town of the strain of the st	Major findings of operations. Oate of op.
18. Informant Halter W. Ki	May 2 Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statisticall
17. Burial, essmatian, or removal Which?) Bate thereof	(month) 1937 (year) Accident, suicide, or homicide
Cometery or crematory Condition Co.	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director Address Darlington	Meens of injury Injured at work?
18 June / 19 48 C. U	23. SIGNATURE M. D. or other Registrikr Address Address Address Deling that My Date signed 6 - 1.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Date signed 6 / 1.14

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	Reg. Diat	. No	8

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State May a County And County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It reteran, name war.
3. (a) FULL NAME CALARA	212-26-6154
4. Sex Leucale Scotor or race Color or divorced Color or race Color or race Color or race Color or divorced Color or race Color or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) R AGF. Yeare Months Days It less than one day	and that I last eaw h
8. AGE: Yeare Months Days It less than one day	Shock + Humanley
9. Birthplace Drill (Town county, and atate) 10. Usual occupation Day Cabacar in Restaurant	Due to Compound fracture Left Leg + fracture Regue log Due to
11. Industry or business 12. Name Paris Raine 13. Birthplace Uraine	Other conditions
14. Malden name myketle Kanders 15. Birthplace burginga	(Include pregnancy within 8 months of death) Major findings of operations.
16. Informant Me Ired Lowe Address Aber Leve Md	Autupsy results
(Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Occupation Where did injury occur? Ober Clean Harfard Stand
Location Thomas Rev. Ja	(City or town) Injured at home, farm, Industry, public place (where?) Meane of Injury Meane of Injury (State) (State) (Injured at work?
18. Funeral director	23. SIGNATURE Address Orberden Date signed to for the signed to fo

Registrar Address Orberdie



CERTIFICATE OF DEATH

	TE OF DEATH Reg. Dist. No. 185
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If gutside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) it veteran, name war. 3. (b) Social Security Number
4. Soz 5. Color or race 6. (a) Single, married, widowed, or divorced Wash 6. (b) Mamo of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 19. Birthplace 10. Usual occupation 11. industry or business 12. Name 13. Birthplace 14. Malden name 15. Birthplace 16. Informant 16. Informant 17. Solor or race 6. (a) Single, married, widowed, or divorced 6. (b) Namo of husband or wife 5. (b) Mamo of husband or wife 6. (a) Single, married, widowed, or divorced 6. (a) Single, married, widowed, or divorced 6. (a) Single, married, widowed, or divorced 6. (b) Namo of husband or wife 6. (c) Namo of husband or wife 6. (c) Namo of husband or wife 8. (c) It alive give age 9. (c) Or alive give age 9. (d) Or alive give age 9. (d) Or alive give age 9. (e) Or alive give age 9. (e) Or alive give age 9. (e) Or alive give age 9. (f) Or alive give	and that i last saw h
Address 30 4 Most St. Wilm Set 17. (Burial, cremation, or removal. Which?) Cemetery or crematory St. Which?) Location 18. Funeral director Manual St. Salman Address 8/9 Weshingtonist Holm Sol (Date ree'd by registrar)	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide

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MARGIN RESERVED FOR BINDING

JUN 12 1948

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2411 N. Charles St., Baltimore

CEDTICICATE OF DEATH

CERTIFICAL	Reg. Diat. No
1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. County Clity or town
HARRY T. MILLER	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Sungle	MEDICAL CERTIFICATION 20. DATE OF DEATH 29 JULY 19. 45 P. B.
6.(b) Name of husband or wife 6.(c) If allive, give age years 7. Birth date of 5 4 4 4 8 9	21. I CERTIFY that death occurred on the date above stated: That I attended depeased from 19. To to
8. AGE: Years Months Days If less than one day 11 2 3 hrs. min. 9. Birthplace	Due la Cardia al Monda
11. Industry or business 12. Name Sacah Buller 13. Birthplace East Norw gal Twop, Pa 14. Maiden name James Hoerner 15. Birthplace Egot Norwgal Twy, Pa	Diber conditions (Include pregnancy within 3 months of death) Major findings of operations. Malon for Carcuma Bate of op. 6:15.48
Address Maretta, Pa 17. (Burial, cremation, or removal, Which?) Cemelery or crematory Maretta, Pa	Antopsyl results PHYSICIAN: Please nuderline the cause in which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Localion 18. Funeral director Address Marcella 19. June 29 19. (A. L. Livio m. D.) Registrar Registrar	Injured at home, farm, Industry, public place (where?) Means of Injury Injured all work? 23. SIGNATURE

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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

JUL 3 1948

age

1. PLACE OF DEATH:

How long in hospital or institution? 3. (a) FULL NAME

7. Birth date of deceased (mo., day; yr

9. Birthplace ... 1D. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace

1B. Funeral director

(Date rec'd by registrar)

8. AGE:

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WITH UNFADING INK. Supply every item of information carefull important. Physicians: please write the causes of death clearly and PLAINLY, V SE WRITE NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

town limits, write RURAL and give nearest town)

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State Mo.		ounty / Va	Mord	
13	of air	//		***************************************
Cily or town(If out	side city or sown lim	its, write RUJA	L and give neare	st town)
Street No. 6. B	wadway	Cist.		
Street No. 198. A	(If rural gi	ve LOCATION)		
2.(a) If veteran, name wa	IT			
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and that I last saw h	ive on	me!	3	10/-2
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m. 1			***************************************	
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Major findings of operat Antopsy results PHYSICIAN: Please und 22. VIOLENCE: If death	derline the cause to h was due to external c	which death shou auses, fill In the f	e of opid he charged strollowing;	
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JUN 18 1948

MARGIN RESERVED FOR BINDING

24	11 N.	Chartes	St.,	Baltimore	
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Reg.	Diat.	140.	 		

2411 N. Cha	arles St., Baltimore 938
CERTIFICA	ATE OF DEATH Reg. Diat. No. 185
1. PLACE OF DEATH: / Lawford. County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Makey laws County County County (If outside city or town limits, write RURAL gard give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
3.(a) FULL NAME CHARLES BARNES /	MORGAN 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Checkoved	MEDICAL CERTIFICATION 20. DATE OF DEATH. 22 JUNE 19.48 21 105
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
9. Birthplace That four Company and state 10. Usual occupation California Company and state 10.	
11. Industry or business 12. Hame	UASCULAR DISEASS
14. Maiden name Unicrowul 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations
16. Intermant Mc Charles artis Macgan Address // Baltimore St. aber	Actopsy results
17. (Burial, cremation, or remove). Which?) Cemetery or crematory. Date thereof. (day) year)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
18. Funeral director Theory Taxing & Some Address A berden Md	Meens of Injury Injured at home, farm, industry, public place (where?) Injured at work?
19. Date rec'd by registrar) 19. (Date rec'd by registrar) Registr	23. SIGNATURE M. D. or out M.

JUN 26 1948

MARGIN RESERVED FOR BINDING

WRITE

PLEASE

A15 NS

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		CERTITICA	Reg. Dist.	No
How long in above pl Hospital, Institution, How long in hospita	If outside city or town lines of deeth?		Street No. (If rural, give LOCATION) 2.(a) It veleren, name war.	give nesrest town)
3. (a) FULL NA	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH	ON
7. Sirth date of deceased (mo., da	and or wite	29/46 Days If less than one day	21. I TERTIFY that death occurred on the date above stated; that I Atten	ded deceased from DE 29 19 47
9. Birthplace 1D. Usual occupation 11. Industry or busi	on	epenty, and state)	Due to	
14. Maiden nat	M. ONER Albert W	AN. da T Nelson a mplummer rdeen, Mb	(Include pregnancy within 8 months of death) Major fiedings of operations. Date of o Autopsy resolts. PHYSICIAN: Please coderline the cause to which death should be	
Cemetery or crem	tion, or removal. Which?	Date thereof	22. VIOLENCE: If death was due to external causes, till in the followin Accident, suicide, or homicide	of(State)
19. (Date rec'd by	registrar)	Regist	rar Address Withillia Wa . Date	signed 6/29/4-9

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JUL, 1 1948

2411 N. Charles St., Baltimore

DURATION

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FOR BINDING

MARGIN RESERVED

ADING INK. Supply every item of Physicians: please write the causes

especially

SE WRITE

information carefully. The cof death clearly and legibly.

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County. Harrord City or town. Havre de Grace, Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospilal, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Harford City or town Have de Grace (If outside city or town limits, write RURAL and give nearest town) Street No. 550 Congress (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war	
3.(a) FULL NAME Ellen T. Quirk	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Female White Wildow	MEDICAL CERTIFICATION 20. DATE OF DEATH S at Scale 26 18 48 at 2.6	
6.(b) Name of husband or wife Michael Quirk (dec.) 5.(c) If alive, give age yeare deceased (mo., day, yr.) July 25, 1577	21. CERTIFY that death occurred on the date above etated; that t attended deceased from 18 45 to 25 19 and that I last saw h. S. alive on 25 18 Immediate cause of death DURA	
8. AGE: Years Months Days it less than one day 70 TO 29hrshrs.	Immediate cause of death to improved to	
9. Birthplace Belcamp, Md. (Town, eounty, and atate) 10. Usual occupation House wife 11. Industry or business 12. Name John Sullivan 13. Birthplace Treland	Due to	
14. Malden name. ? 15. Birthplace Ireland 16. Informant Elizabeth Quirk (daughter)	Major findings of operations	
Address 550 Congress St. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Mt. Erin,	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide	
Location Havre de Grace, Md. 16. Funeral direct Esprington Son Son Adoptes Havre de Grace, Md.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?	
19 Jame 30 19 48 G. L. Lewis m. D. (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address. Date signed 2.	

JUL 3 1948

2711	It. Charles 5	c., Daitir	nore	
CERTI	FICATE	OF I	DEATH	

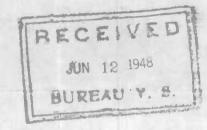
6247 Reg. Diat. No. 182

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Arrangement
How tong in above place of death of the state of the stat	City or town. (If outside city or town limits, write RURAM and eve nearest town) Sireet No. #20 Co. Massour (Laborate Control of the Control
How long in hospital or institution? Three 85	(If rural, give LOCATION) 2.(a) ti veleran, name war
3.(a) FULL NAME LUCY AANNA	H SCOTT 3. (b) Social Security Number
4. Sex 5. Color or sace 6.(a) Single, married, widowed, or divorced Eurorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. Surve 8 1948 30 P.
B.(b) Name of husband or wife Section 1. B.(c) If alive, give, age year.	21. I CERTIFY that death occurred on the date above slated; that trattended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days / If less than one day	and that I last saw harmania alive on
67 41 22hrsmin.	BOISAR PHEOMONIA ZOD.
9. Birthplace Town, county, and state 10. Usual occupation.	. Due to
11. Industry or business Afrance	Due to
12. Name J. Freeman 13. Byrthplace Mod	SCLEROSIS 07 SPINAL CORD. (Include pregnancy within 3 months of death)
14. Maiden name Januah Summons 15. Birthplace Md.	Major findings of operations
16. Informan Mrs. Bernier Treeman	Antopsy results
17. Burial, cremation, or remova). Which?	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Nieders Cem.	Where did injury occur?
18. Funeral director J. Madison Michell	Means of injury injured at work?
Address Havrede Grace, Ma-	23. SIGNATURE (L. L. L
19. (Data red d by registrar) Registrar	Address Anoth Hell Me Bate signed 6/9/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg, Dist. No. 185
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME JOSEPH BARRY (SE	3. (b) Social Security Number 7/7-07-5759
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male While Manuel 8.(b) Name of husband or wife Manuel 8.(c) Name of husband or wife Manuel 8.00 Name of husband or wife N	MEDICAL CERTIFICATION 20. DATE OF DEATH. 6 19. 48, at 10:48 m 21. I CERTIFY that death occurred on the date above stated; that 1 attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. A.G.E. Yeara Months Days If less than one day	and that I last saw h
8. AGE: Years Months Days 11 less than one day	Crushing unjury of Scheet
9. Birthplace	Due to Sharedky Lig + pelos
12. Hame	(Include pregnancy within 8 months of death)
14. Maiden name / 15. Birthplace 9	Major findings of operations
Address 652 Bleege Dt. Hande Place	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, Illi in the following:
(Burial, cremation, or removal. Which?) Cemetery or crematory.	Where did injury occur of the control of the contro
18. Funeral director Address Have de Care	Means of Injury Street by train Injured at work? US 23. SIGNATURE A Coursey M. D.
19. Date rec'd by registrar) 19. 48. 4. Lewis M. D. Registrar	Address Aferdien Med Bate signed James 6, 1945

JUN 10 1948

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

I. PLACE OF DEATH: Harfrud Com	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
WWIIII y	March Harband
City or town	Beta. Dans
How long in above place of death? 2 years	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	
Louis Shaffer	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
A. a. O. welst 1.	MEDICAL CERTIFICATION
mace single	2D. DATE OF DEATH June 11 18 48 at 5:20A.M
6.(5) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
	June 10 19 48 10 June 11 19 48
7. Birth date of deceased (mo., day, yr.) aful 18-1870	and that I last saw himalive on June 11
8. AGE: Years Months Days If less than one day	Coronary Thrombosis 12 hours
78min.	W.V.A.WANAA.J
9. Birthplace (Tot), county, ond state) 10. Usual occupation.	Due to
11. Industry or business	Due to
	Dither conditions
12. Hame Jours Shaffer 13. Birthplace Hemans	
	(Include pregnancy within 3 months of death)
OR OF 141	Major findings of operations.
E 15. Birthplace	Date of op.
16. Informant Clark dely parties	Antopsy results
Address Odel air Md	
17 Burn Bate thereof Jum 14/48	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) Semetery or crematory. Bulan Burial Park	
Cemetery or crematory	Where did Injury occur?
Location Section Mg	Injured at home, farm, industry, public place (where?)
18. Funeral director In Tank	Meens of Injury injured at work?
Address Pelain nur	10), Olaso O Lloodomo
6/12 48 Pf.	23. SIGNATURE
19. (Date rec'd by registrar) Registrar	Address Forest Hill, Maryland, Date signed 6/12/48

JUN 17 1948

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

WRITE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

241 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give esidence of mother)
County.	State And County County
City or town (If outside city or town limits, write RURAL and give near town)	City or town Princepio Fluriace.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital institution, or street address where death occurred:	Street No.
How long In hospital or Institution?	2.(a) If veteran, name war. (15 rural, give LOCATION) 2.
3. (a) FULL NAME	() / 3. (b) Social Security Number
forman tleney	Shuault
4. Set 5. Color of race 6.(a) Single, married, widoward, or divocced	MEDICAL CERTIFICATION
In much surge	20, DATE OF DEATH JUNE & 4 19 44 21236
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 9-8-1929	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediais cause of death DURATIO
18 9 16nrs.	wound of Olistet
9. Birthplace Acede Grace Md.	Due to Temple.
Place County, and state)	
10. Usual occupation.	Due to
11. Industry or business	
12. Name 12. Name	Other conditions
13. Birthplace Comments	(Include pregnancy within 3 months of death)
14. Maiden Marke	Major findings of operations
\$ 15. Birtholace A degle Grace Ma.	
16. Informant lesse in Summercel	Autopsy results
Address O'errynille ma,	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burias Date thereof 6-26-48	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or hoppidate
Cemetery or crematory Grenapis Melarolise	Where did injury of the county (Cipe or town) (Scate)
Location Ormerpis mangland	Injured at home, farm industry public place where?)
18. Funeral director. Steele R. Flans	Means of Day Colline Will Myured at work?
Address ha	(NOOR) Som With Medical Everni
	Cocil Cour
free 25 19 K8 W.Z. Lewis M.O.	Mexing Sun ma 10/244



2 margaret K. Dintery

1. PLACE OF DEATH: County City or town (If outside eity or town limits write storal and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate County City or town (If outside eity or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION)	birth date shown on:	a St., Baltimore		
Country town. It was a state of the property o		E OF DEATH Reg. Dist. No. 181		
Silet of them. It desides they or town limits, write distalt and give nearest town live long in shore place of death? Silet of them. It desides they or town limits, with RURAL and give nearest town live long in shore place of death? Siret No. (If currie, give LOCATION) Sheet long in shore place of death? Siret No. (If rearrie, give LOCATION) Make the silet of the silet long in shore death accurred: Siret No. (If rearrie, give LOCATION) Make the silet of the silet long in shore death accurred to the silet long in shore death accurred to the death accurred to t	1. PLACE OF DEATH:			
Ber long in short place of death? Ber long in short place of death. Ber long in shor	County County	standard med		
The long in share piace of early process and includes and give measured composition of institutions, or street address where death occurred: Street Ro. (If rural, give LOCATION) (I	City or town	Slate County County D 10		
Street No. (If Tourns, give LOCATION) Now long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number Social Security Number Ass. (c) Same of hurband or with the security of the sec	40	(If outside city or town limits, write RURAL and give nearest town)		
How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 2. (a) If velezan, name way MEDICAL CERTIFICATION 2. (b) Same of husband or with 3. (c) Italian, pive age. 3. (c) Italian, pive age. 3. (d) Italian, pive age. 3. (e) Italian, pive age. 3. (f) Italian, pive age. 3. (ii) Italian, pive age. 3. (iii) Italian, pive age. 4. (iii) Italian, pive age. 5. (iii) Italian, pive age. 6. (iii) Italian, pive age. 7. (iii) Italian, pive age. 8. AGE: 8. AGE: 9. Sinhplace. 10. Usual occupation. 11. Industry or busines: 12. Lama. 13. Birthplace. 14. Major Sindiaga of operation. 15. Major Sindiaga of operation. 16. (iii) Italian, pive age. 17. (iii) Italian, pive age. 18. (iii) Italian, pive age. 18. (iii) Italian, pive age. 19.	Hospitat, Institution, or street address where death occurred:			
3. (a) FULL NAME A STATE OF BEATE Solution of Description was presented between the second of the				
Sometic state of subspace or with subspace states of subspace states o	How long in hospital or institution?	2.(a) If veteran, name war		
8. (b) Name of husband or with the state of decessed (mo. day, yr.) 7. Birth date of decessed (mo. day, yr.) 8. AGE: Tears Months Dels If less than one day 8. Birthplace AGE: Tears Months Dels If less than one day 10. Usual occupation. 11. Industry or business 12. Hame. 13. Birthplace AGE: Tears Major (Town, county, and satisfactor) 13. Birthplace AGE: Tears Months Dels If less than one day 14. Major findings of operations. 15. Birthplace AGE: Tears Months AGE: Tear	3. (a) FULL NAME	3. (b) Social Security Number		
8. (b) Name of husband or wite	Ida Mary our	w // To		
5. (b) Name of husband or with the strain of the state of	4. Sey 5. Chigar race 6. Chigher married and lowed, or diversed	MEDICAL CERTIFICATION		
S. (a) It alies, give age. S. (c) It alies, give age. S. (c) It alies, give age. S. (c) It alies, give age. S. (d) It alies, give age. AGE: Verial Months Day's If less than one day It and that I last saw h. A. alive on J. A. alive on J. A. and that I last saw h. A. alive on	Semale White Gridge	20. DATE OF DEATH Jame 16 1946 21 1:40 P. M		
8. AGE: Years Months Day's if less than one day 10. Usual occupation	Call Hollun	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8. AGE: Tears Months Date It less than one day Suithplace	Const	april 1948, 10 June 1948		
8. AGE: Years Months Dass If less than one day 9. Birthplace	7. Birth date of My 1 A PUNTO	and that I last saw h. Ra. alive on June 16 19 48		
9. Birthplace (Town, county, and sisted) 10. Usual occupation. 11. Industry or business 12. Name (Include pregnancy within 3 months of death) 14. Maiden name (Include pregnancy within 3 months of death) 15. Birthplace (Include pregnancy within 3 months of death) 16. Usual occupation. 17. Maiden name (Include pregnancy within 3 months of death) 18. Informant (Include pregnancy within 3 months of death) 19. Usual occupation. 19. Usual occ				
Buithplace Town, county, and state 10. Usual occupation. 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Winding name 16. Winding name 17. Winding name 18. Informant 18. Informant 19. Winding name 10. Usual occupation 10. Winding name 10. Winding name 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Winding name 16. Winding name 17. Winding name 18. Informant 18. Informant 19. Winding 10. Winding 1	0. 701.	Cerebral Hemorehage 2days		
Town, eounty, and state 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 15. Birthplace 16. Informant 17. May of sindings of operations. 18. Informant 19. Inf	hrsmin.			
11. Industry or business 12. Name	9. Birthplace Ponyord Co.	Due to Teresalized arterios electris		
11. Industry or business 12. Name	Kan de man Xo			
Diher conditions. Conscience within 3 months of death) 13. Birthplace	at Hann.	Due to		
14. Maiden name		Committee O. C. Look		
14. Maiden name	12. Name	Bither conditions Concina Conc		
18. Informant Address O aver I Please underline the cause to which death shoold be charged statistically. Address O aver I Please underline the cause to which death shoold be charged statistically. Address O aver I Please underline the cause to which death shoold be charged statistically. Accident, suicide, or homicide		(Include pregnancy within 3 months of death)		
18. Informant Address O aver	E 14. Maiden name	Major findings of operations None		
Address Tarung Date thereof (month) (day) (year) Cemelery or cramatory (City or town) Location (County) 18. Funeral director (March County) Address Tarung Date thereof (March County) Address Tarung Date (March	\$ 15. Birthplace Townson Co. Img			
Address David Date thereof Man (month) (day) /(year) Cemelery or comainty Date thereof Man (month) (day) /(year) Location Date thereof Man (month) (day) /(year) Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Meens of injury injured at work? 23. SIGNATURE And Clear Phillip M. D. or other	18. informant / Dr. Elizabeth & Treadura			
17. Burial Bate thereof (month) (day) (year) Cemelery or examplery (City or town) Location Date thereof (month) (day) (year) Location Date thereof (month) (day) (year) Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of injury injured at work? 23. SIGNATURE And Clear Phillips M. D. or other	the oble of have my of	RHYSICIAN: Please underline the cause to which death should be charged statistically.		
Cemelery or crematory. Cemelery or crematory. County of the county of	Burnel 000 18/9118	22. VIOLENCE: If death was due to external causes, fill in the following;		
Location for the first state of	(Burial, cemation or remember Which) (Burial, cemation or remember Which)			
Location for the first state of	Cemelery or company, Roch Run Cin	Whers did Injury occur?		
18. Funeral directors of the state of the st	leasting toursand Coi, Mg			
Address Parlington Md, 19 June 7 19 88 Butha B. Nnight D. Oright D. W. D. or other 19 June 17 19 88 Butha B. Nnight D. Oright D. Oright D. W. D. or other	M. of Billing	Meens of injury Injured at work?		
19 June 7 19 88 Butha B. Niight Dr. O into M. D. or other	Danlagan M. J.	0 10 11:00 - 70.9		
19 June 17 19 48 Bertha 13. Might & O . to M. D. or other	Address / Colored July / July	23 SIGNATURE STUDIES Phillips PM		
(Date rec'd by registrar) Registrar Addrew Addrew Addrew Date signed Date si	10 June 7 19 48 Butha B. Mught	Au O into M. D. or other		
	(Date rec'd by registrar) Registrar	Address VMLL Date signed 11.1.4.6		

MADVIAND CTATE DEDADTMENT OF HEALTH

JUN 22 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6252 . Reg. Diat. No. 182

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale County Aarlord City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULLINAME Henry Lingleton	3. (b) Social Security Number
4. Sex 5. Color of race 6.(d Single, married, widowed, or divorced Willows	MEDICAL CERTIFICATION 20. DATE DF DEATH. 1948. at 12:05.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Oct. 10 1952	and that I last saw have allve on
8. AGE: Years Months Days tf less than one day	Immediaie Jause of death DURATION 3.02
9. Birthplace(Town, county, and state)	Due to
10. Usuat occupation	Due to
12. Name	Other conditions Cha. Myseardeal 5
14. Maiden name, Much Much Maiden name, Much Much Much Much Much Much Much Much	(Include pregnancy within 3 months of death) Major findings of operations.
16, Informant	Antopsy results
Address 17	22. VIOLENCE: tt death was due to external causes, fill in the toltowing; Accident, suicide, or homicide
Cemetery or Delta Va.	Where did Injury occur?
18. Funeral directors Tubert P. House	Means of Injury Injured at work?
19. 6/3 1948 P frword (Date rec'd by registrar) Registrar	23 SIGNATURE Wellard P. Hudson M. D. or other Address Forest I tell md Date Signed 6 - 13 - 48.

JUN 17 1948

MARGIN RESERVED FOR BINDING

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charles	St., Baltimore 4801 /8/1			
CERTIFICATE OF DEATH Reg. Dist. No.				
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mount County			
3. (a) FULL NAME RHODA MAE SULLIVAN	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced WIDOWED	MEDICAL CERTIFICATION 20. DATE OF DEATH			
5.(b) Name of husband or wife— 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 6. Solution of the standard of the	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 5 / 2 19 + 8 10 6 / 2 19 + 8 and that I last saw h. E.R. alive on 6 / 7 19 + 8 Immediate cause of death. C. ON GESTIVE HEART DURATION FAILURE, PULMONARY I MO. EDEMA			
9. Birthplace	Due to GENERALIZED CARCINOMA- TOSIS Due to CARCINOMA OF CERVIX OF UTERUS			
12. Name	Diher conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op.			
Address 17. Berral (Burial, cremation, or repowar) Which?) Cemetery or crematory	Autopsy results			
18. Funeral director & Marish & Meternier Sne Address Virgam maryland 18 (Date rec'd by registrar) 18 (Date rec'd by registrar)	Injured at home, tarm, industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address FDGEWOOD, M.D. Date signed 6. 1.2. 1.8.			

JUN 17 1948 BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH Reg. Dist. No/83				
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate			
BOBY BOY THOM				
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 99 June 1878 21 2 7. M			
8. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If tess than one day hrs. min. 9. Birthplace	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19			
Address 17. Bulling cremation, or removal. Which?) Cemetery or crematory. Location 18. Funeral director. Address 19. Control of the con	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			

MARGIN RESERVED FOR BINDING

WIFF UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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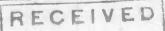
5601

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County County County County or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution or street address where death occurred:	Street No
How long in hospital or institution? 3) Hours	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Hosephine C. Wa	220-14-9789
4. Sex 5. Color or race 6.(α)Single, married, widowed, or divorced	MEDIÇAL CERTIFICATION
Female White Married	20. DATE DE DEATH 10 June 1948 212:25/
6.(b) Name of husband or wife Justiple 9. Ward	21. I CERTIFY that death occurred the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h.C. F. alive on 10 9 18 48
deceased (mo., day, yr.) March 28 1899	Immediaty cause of Anth. DURATION
8. AGE: Years Months Days It less than one day H Park H Park	Skock
9. Birthplace Calvesh Cecil C Md	Due to A cute Isastric Dilatation
10. Usual occupation	Due to
11. Industry or business	Other conditions Case this Hypertines
12. Name Charles A. Chapman 2 13. Birthplace nothingham Penna	
	(Include pregnancy within 3 months of death)
14. Maiden name Christian Bowsbley 15. Birthplace Maryland Penha	Major findings of operations
16. Informant Joseph P. Ward	Antopsy results
Address North East md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
Cemetery or crematory I winds	Where did injury occur?
Location Calvery mg	Injured at home, farm, industry, public place (where?)
18. Funeral director Joseph R. Laure	Means of Injury Injured at work?
Aggress North East, Md	123 SIGNATURE W.H. Dadowsky MD
Jane 11 18 48 G. L. Lewis m	Perusile Med / M. D. or other
(Date rec'd by registrar) Registrar	ar Address.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indisease write the causes of death clearly and legibly VS A15



JUN 14 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	D DI . N	18 X

CERTITION	Reg. Diat. No.
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 3. **Market** How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (H rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME World Ward	3. (b) Social Security Number
Wale Colored Unknown	MEDICAL CERTIFICATION 20. DATE OF DEATH
6, (b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from to 19
8. AGE: Years Months Days At less than one day	A steriorcleratie & gran
9. Birthplace (Town, county, and state) 10. Usual occupation.	Due to
12. Name	Other conditions
14. Maiden name Unikassowa 15. Birthplace 17	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant County Userne	Autopay results
Address 17. Bull Bate thereot (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Location Dell Ckr 1-F2 Wel.	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Address Calalysteen Told	23. SIGNATURE Derald & Calmer M.D.
19. (Dayle rec'd by registrar) 19. Towvod Registrar	Address Beldind. Date signed 6/28/8

NFADING INK. Supply every item of information carefully nt. Physicians: please write the causes of death clearly and

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JUL 2 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATHY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	Sizte Md County Ceal		
City or town	Crimina Largenses		
How long in above place of death? 5 has 5 minutes	(If outside city or town timits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Sireet No.		
Varford Memoral	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) it veleran, name war		
	1NGTON 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
W INFANT	2D. DATE OF DEATH. 5 June 1948, 21 // 30		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	end that I last sew hC.R. alive on 5 free 4 5 18		
deceased (mo., day, yr.)			
8. AGE: Years Plonths Days It less than one day	Immediate cause of death		
5 hrs. 5 min.	plantos qui de la companya della companya della companya de la companya della com		
Harad H. mad	Call of Page-Lai		
9. Birthplace Taxte Of Quanty, and state)	Due to		
1D. Usual occupation	0		
11. Industry or business/)	Due to Prematical		
El 10 11 1. 10 1 1 10 1			
	Other conditions		
= 13. Birthpiace Elder Rural, Mid	(Include pregnancy within 3 months of death)		
# 14. Maiden name. Urginic der Narlman	Major findings of operations		
15. Birthplace Gumberland, Md	Date of op.		
Let 111 116 - signer ton	Autoosy results.		
1/2	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Printyman MC	22. VIOLENCE: It death was due to externel couses, till in the tollowing:		
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
m . 10 - 11	Whers did injury occur? (City or town) (County) (State)		
Cemeiery or cremaiory			
Location No. L.M. Coat M. G.	Injured at home, tarm, industry, public place (where?)		
18. Funeral director Sulfals Transfer	Means of Injury Injured at work?		
Address north Cash Ma	1931 prince M. D.		
1 des 5 vs and Levin ment	23. SIGNATURE. M. D. or other		
(Date ree'd by registrar) Registrar	Address farford Memoud Jogate signed 6:5-48		

FOR BINDING MARGIN RESERVED age

(Date rec'd by registrar)

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JUN 8 1948

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How tong in hospital or institution?	2.(a) It vetéran, name war
3. (a) FULL NAME Daviel Dusley Wate 4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced Male Uslute & Idoneses	3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of bueband or wife Mary B. Marsteller 7. Birth date of deceased (mo., day, yr.) August 2, 1853 8. AGE: Years Months Days If less than one day 94 10 19 hrs. min.	20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from No.V. EMBERS 2, 19.47, to JUNE 2/ 19.48 and that I last saw h. (
9. Birthplace Pleasantville Hacford Co. T. 1B. Usual occupation Blacksmithe 11. Industry or business	Due to.
12. Name Satura 13. Birthplace / Facford Co. Md 14. Maiden name Collin Waters 15. Birthplace / Facford Co. Md	Other conditions
Address Follot Till Md 17. Burial, cremation, or removal, Which?) 18. Informant May, Mary Neva Coleman 19. Address Follot Till Md (Burial, cremation, or removal, Which?) 19. Address Follow May (wear)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Location Near Gel air 18. Funeral director Teneral Jarring Y Some Address Offerseen Mad 19. 6/23 78 Forwooth	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Meens of Injury 1njured at work? 23. SIGNATURE. M. D. or other

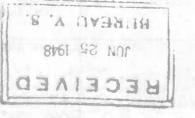
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ADING INK, Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibl

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2411 N. Charles St., Battimore

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CERTIFICATE OF DEATH

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A CLRITTICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For the physical inflants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long In hospital constitution?	2.(a) It veteran, name war
3. (a) FULL NAME PATTICLE AND STREET OF THE	3. (b) Social Security Number MEDICAL CERTIFICATION 35
T white it made	20. DATE DE DEATH 36 LINE 19 48 at 9 Am
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.78 to 16.15 to 19.75 to 19
17 hrs. 20 min.	Pas Majory failure
9. Birthpiace Adure We France, Harford, TUR	Due to Brain stem Samage
10. Usual occupation	Que la Cerebral avonia lufare
f1. Industry or business	delivery
12. Name fay Willer. 13. Birthplace West va.	Dither conditions Plenature separational placula wiell controlled lemanhage
# 14. Malden name Teles Williams	Major findiogs of operations
14. Malden name Crell Chimstrough 15. Birthplace Went Virginia	
P-1/ 11/ Opil 5	
16. Intermant Add & Land Connection of Conne	Actopsy results
Address Sold Williams Milliams	22, VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Melant Manual Singham	Where did Injury occur?
Location Colora, Mil Aural	Injured at home, tarm, industry, public place (where?)
18. Funeral director & Ila Catterson & Sol	Means of Injury Injured af work?
Address Terrfille, und.	DO DOWN PROPERTY MID
June 27 19 48 G.L. Lewis m. A. Registrar	Address James do Nace Waste signed 6:26.48
(Date fee on tegratian)	AUU 055 Dete signed

WITH UNFADING INK. Supply every item of information carefully. The important, Physicians: please write the causes of death clearly and legibl

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JUN 29 1948 BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6260 Rev Dist No. 185

181

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)
City or town	State Md County Town ord
City or town (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
farlard Memorial Hospital	(If rural, give LOCATION)
How long In hospital or Institution? 25 Ws.	2.(a) If veteran, name war.
3. (a) FULL NAME 3. (b) Social Security Number	
Edith Horthmaton no	
4. Sex 5. Color or race 6.(a) Single, marriad, widowed, or divorced	MEDICAL CERTIFICATION
dingle "	20. DATE OF DEATH. 30 June 1948, 21 /1 39 N
man distribution of the state o	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	29 kme 19 48 10 30 kme 1948
5. (c) If allive, give age years	and that I fact caw here alive on 30 fund 19 48
deceased (mo., day, yr.)	
8. AGE: Years Months Days It less than one day	
Va.+67	Forema
your of the start of med	70.00
9. Birthplace	Que to O 10
Market 100 X	Doly
10. Usual occupation	Due to
11. Industry or business	
12. Name Story of thington 13. Birthplace Story ord	Other conditions
13. Birthplace Italyound Con Mid,	(Include pregnoncy within 3 months of death)
14. Maiden name Baltimore Co. Me	
15, 8 ortholace Baltimore Co, Me	Major findings of operations.
Minn dun hor hil	Date of op.
16. Informant	Aotopsy results
Address a unglos, Ma	22. VIOLENCE: If death was due to external causes, till in the tollowing:
17 Burial Date thereof July 2 194	Accident, euicide, or homicide acadeut Date of 99 June 48
(Burial, compation of semantic (Burial, Compation of Compation (May) (May)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Cemetery or crematory	Where dld Injury occur? (City or town) (County) (State)
Location Harland Co. My.	Injured at home, farm, Industry, public place (where?)
HOOR RISION	Means of Injury Surva Injured at work?
18. Funeral director	mM.
Addrese Winglos yas	23. SIGNATURE POSIDENCE M. Y.
10 Chala 1 10 48 (1. L. Lewis M. D	M. D. or oyler
Date rec'o by registrar	Address / Coul Ca 700 Mala signed 6.30.70



